

Routine ☐ **Reinspection** ☐ **Pre-opening** ☐ **Complaint** ☐

Retail Food Inspection Report Notice of Violation



Department of Health and Hospitals
Office of Public Health

Permit Number	E-code	Type of Establishment
Name of Establishment		Owner
Location	City	Zip

CRITICAL ITEMS:	These items relate directly to the protection of the public from foodborne illness. These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspension.
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[illegible]

NON-CRITICAL ITEMS: These items relate to design, sanitation and maintenance of food service operations. These items should be corrected by the next regular inspection or according to the compliance schedule established by this Office (see below).

[illegible]

Comments

Sanitarian Name / Print	Phone No.	Sanitarian Signature	RS #

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to correct the **critical violations**

by _____, 20____ and **non-critical violations** by _____, 20____.

Name of Recipient (Print)	Title	Signature of Recipient
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